FEC

STATEMENT OF

FORM 1	ORGANIZATION	N	
. 011111	(See instructions)		Office use only
NAME OF COMMITTEE (in	(Check if name Exam full) is changed) over the	ple: If typying, type ne lines	2FE4M5
NORTH CARO	LINA FARM BUREAU FEDERATION INC F	POL ACT CMTE INC (A	KA) NC FA-
ADDRESS (number and	street) 5301 GLENWOOD AVENUE		
(Check if address is changed)		111111	
	RALEIGH	ا لىسىس	NC 27612 _
	CITY▲	ST	TATE▲ ZIP CODE ▲
COMMITTEE'S E-MA	L ADDRESS (Please provide only one e-mail address	ss)	
(Check if address is changed)	julian.philpott@ncfb.org		
COMMITTEE'S WEB	PAGE ADDRESS (URL)		
(Check if address			
is changed)	'		
2. DATE 0.3	7 D D 7 Y Y Y Y Y Y 2009		
3. FEC IDENTIFICA	TION NUMBER C C002	216754	
4. IS THIS STATEM	ENT X NEW (N) OR	AMENDED (A)	
L certify that I have exami	ned this Statement and to the best of my knowledge and	belief it is true, correct and co	omplete
	· · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , ,
Type or Print Name of	Treasurer H. Julian Philpott, Jr.		
Signature of Treasurer	Electronically Filed by H. Julian Philpott,	Jr. Dat	e 03 / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fa	se, erroneous, or incomplete information may subject the		•
	ANY CHANGE IN INFORMATION SHO	ULD BE REPORTED WIT	HIN 10 DAYS
Office Use Only		For further information cont Federal Election Commission Foll Free 800-424-9530	FEC FORM 1 (Revised 02/2009)